



**APPLICATION FOR REGISTRATION
FOR SPEECH-LANGUAGE PATHOLOGY AIDE**

GEORGIA STATE BOARD OF SPEECH-LANGUAGE PATHOLOGY/AUDIOLOGY
237 Coliseum Drive
Macon, Georgia 31217
Phone (478) 207-2440
www.sos.ga.gov/plb/speech

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Speech-Language Pathology/Audiology in the State of Georgia. Visit the following web site for information: <http://www.sos.ga.gov/plb/speech>

****Important****

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board.
Please review this application before you submit it to ensure that all information and documentation is complete and correct.
Please mail in a 9 X 12, or larger, envelope with pages unfolded and unstapled.
Incomplete applications result in delayed processing.
Incomplete applications are void after one year.

Application Checklist

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a **COMPLETE** application.

The **\$40.00 non-refundable** application fee payable to **Georgia State Board of Speech-Language Pathology/Audiology** must be included with application. The fee for checks returned due to non-sufficient funds is \$40.00.

PLEASE NOTE

The Training program CANNOT begin until the application for registration has been approved by the Board. Once approved by the Board, you will be notified in writing that practice as an aide may begin following completion of the training program.

Supervisor must submit verification that the training was completed satisfactorily within 30 days of applicant's employment. Employment date will be the same as the approval date to begin the training program

☐ **NOTARIZED APPLICATION:** The application must be mailed to the Board's office at the address listed above, along with your FEE. All questions must be answered. Any question answered "yes" requires further documentation to be submitted. Attach copies of official court documents and an explanation if you have had any criminal convictions or charges, or sanctions by another state licensing board. Approval of licensure is at the Board's discretion.

☐ **EDUCATIONAL REQUIREMENTS:** The applicant must submit a copy of the high school diploma, GED Certificate or college transcript.

☐ **JOB DESCRIPTION:** A job description listing the specific duties of the Speech-Language Pathology Aide.

☐ **SUPERVISOR'S DUTIES:** The supervisor must retain two years of documentation of the indirect or direct supervisory activities. This documentation may be requested during a renewal audit.

FOR BOARD USE ONLY	
Amount Submitted	_____
Date	_____
Receipt #	_____



FOR BOARD USE ONLY	
Certificate Number	_____
Date Issued	_____
Applicant No.	_____

GEORGIA STATE BOARD OF SPEECH-LANGUAGE PATHOLOGY/AUDIOLOGY

237 Coliseum Drive • Macon, Georgia 31217 • (478) 207-2440

www.sos.ga.gov/plb/speech

APPLICATION FOR REGISTRATION AS A SPEECH-LANGUAGE PATHOLOGY AIDE

Application Fee \$40.00 (non-refundable)

Name _____
First Middle Last

Name as shown on exam records or transcripts (If different)

First Middle Last

Physical Address _____
Number and Street Apt. No City/State Zip
(P.O. Box not acceptable)

Mailing Address (if different): _____
Number and Street Apt. No City/State Zip

Email Address _____

Acknowledgement of your application will be sent by email. Also, if further information is needed, email is the most efficient way for Board staff to contact you so that your application can be processed in the most efficient manner. Your email address will not be shared with any third party.

Telephone Number Day Telephone Number Evening Cell Phone Number

Social Security Number Date of Birth

OTHER LICENSURE/REGISTRATION

☐ **Yes** ☐ **No** Have you ever been licensed or registered as a Speech-Language Pathologist or Audiologist or Speech-Language Pathology Aide? **If "yes," complete below.**

☐ **SPEECH-LANGUAGE PATHOLOGIST** _____
State License # Expiration Date

☐ **AUDIOLOGIST** _____
State License # Expiration Date

☐ **SPEECH LANGUAGE PATHOLOGY AIDE** _____
State License # Expiration Date

PROFESSIONAL BACKGROUND: ANSWER "YES" OR "NO" TO THE FOLLOWING QUESTIONS. IF "YES," TO 1 THROUGH 9, ATTACH A DETAILED EXPLANATION.

- ☐ **Yes** ☐ **No** 1. Are you unable to practice safely as a result of use of alcohol or other drugs?
- ☐ **Yes** ☐ **No** 2. Have you been denied registration, professional licensure or renewal because of a license disciplinary proceeding?
- ☐ **Yes** ☐ **No** 3. Have you ever had a license or registration for a Speech-Language Pathology Aide, Speech-Language Pathologist, Audiologist or any other profession revoked, suspended or annulled or otherwise disciplined, including by private order?
- ☐ **Yes** ☐ **No** 4. Have you been subject to disciplinary action or had your membership revoked by any professional organization?
- ☐ **Yes** ☐ **No** 5. Have you been convicted of any criminal offense?
- ☐ **Yes** ☐ **No** 6. Have you been arrested, charged, and sentenced for the commission of any felony or any crime involving moral turpitude?
- ☐ **Yes** ☐ **No** 7. Have you been the defendant in a malpractice suit and either entered into a settlement agreement or paid court awarded expenses?
- ☐ **Yes** ☐ **No** 8. Have you previously applied for the same registration for which you are currently applying?
If "yes" name under which application was submitted:

AFFIDAVIT OF APPLICANT

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Speech Language Pathology and Audiology (SLPA) and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) _____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on pages 9 & 10 of this application.**

2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of SLPA and/or criminal prosecution.

My signature below certifies that all information on this application is complete and correct to the best of my knowledge and belief. I acknowledge that all statements made on this application concerning my qualifications and training are subject to verification by the Georgia State Board of Examiners for Speech-Language Pathology and Audiology. I understand that as a Speech-Language Pathology Aide I may only provide those services authorized by the Georgia State Board of Examiners for Speech-Language Pathology and Audiology.

Date

Signature of applicant

Sworn to and subscribed before me this

_____ day of _____, 2_____. My commission expires on: _____

Notary Public

Notary Seal

PART II - SPEECH-LANGUAGE PATHOLOGY AIDE SUPERVISOR

INSTRUCTIONS

- ◆ **Complete all sections below**
- ◆ Attach a completed Form B - Description Proposed Speech-Language Pathology Aide Training
- ◆ Attach a completed Form C - Plan of Supervision for the Speech-Language Pathology Aide

NAME OF SPEECH LANGUAGE PATHOLOGY AIDE APPLICANT

NAME OF SUPERVISOR

First

Middle

Maiden

Last

EMPLOYMENT OF SUPERVISOR

Employer _____

Name of Facility _____

Street Address _____

City/State/Zip Code _____

SPEECH LANGUAGE PATHOLOGY AIDES WORKSITES

LICENSURE OR SUPERVISOR

Current Georgia Speech-Language Pathology License # _____

OTHER PERSONS SUPERVISED

☐ Yes ☐ No Are you (the Supervisor) supervising other Speech-Language Pathology Aides or PCES?

If "yes," provide name/s below:

SPEECH AIDES/PCES: _____

AFFIDAVIT OF SUPERVISOR

This is to certify that in accordance with Chapter 609-6-.01(c)7) of the Rules of the Georgia State Board of Examiners of Speech-Language Pathology and Audiology, I attest that a minimum of 40 hours of training will occur prior to supervision of the above-named Speech-Language Pathology Aide, and I accept full and complete responsibility for the speech-language activities and services of the Aide.

Date

Signature of Supervisor

GEORGIA STATE BOARD OF EXAMINERS OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY
237 Coliseum Drive
Macon, Georgia 31217-3858
(478) 207-2440 (Telephone) * (866) 888-1308 (Fax)
www.sos.ga.gov/plb/speech

**DESCRIPTION OF PROPOSED SPEECH-LANGUAGE PATHOLOGY AID TRAINING
FORM B**

INSTRUCTIONS:

- This form is to be completed by the Supervisor of the Speech-Language Pathology Aide Applicant.
- This form is to be submitted with the Application for Speech-Language Pathology Registration to the Board office at the above address.
- Please feel free to duplicate this form, if additional space is needed.

NAME OF SLP AIDE APPLICANT		NAME OF SUPERVISOR		
SPECIFIC TASK	DIAGNOSIS	AGE RANGE	SPECIFIC TRAINING	# OF HOURS

**PLAN OF SUPERVISION FOR SPEECH-LANGUAGE PATHOLOGY AIDE
FORM C**

INSTRUCTIONS:

- This form is to be completed by the Supervisor of the Speech-Language Pathology Aide Applicant.
- This form is to be submitted with the Application for Speech-Language Pathology Registration to the Board office at the above address.
- Please feel free to duplicate this form, if additional space is needed.
- The Supervisor should retain documentation of indirect and direct supervision
- Upon request, this documentation must be sent to the Board for review during registration renewal audits
- See Chapter 609-6-.01 of the Rules of the Georgia State Board of Examiners of Speech-Language Pathology and Audiology for further information.

NAME OF SLP AIDE APPLICANT

NAME OF SUPERVISOR

DATE ACTIVITIES START:

INDIRECT SUPERVISORY ACTIVITIES

ACTIVITY	FREQUENCY	DURATION	COMMENTS/RELIABILITY/ACCURACY

DIRECT SUPERVISORY ACTIVITIES

ACTIVITY	FREQUENCY	DURATION	COMMENTS/RELIABILITY/ACCURACY

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**SPEECH-LANGUAGE PATHOLOGY AIDE
TRAINING VERIFICATION STATEMENT
FORM D**

INSTRUCTIONS

◆ This form is to be completed and signed by the Speech Language Pathology Aide Supervisor within 30 days **after completion** of the training program, and submitted to the Board office.

The training program CANNOT begin until the application for registration has been approved by the Board. Once approved by the Board, you will be notified in writing that practice as an aide may begin following completion of the training program.

Supervisor must submit verification that the training was completed satisfactorily within 30 days of applicant's employment. Employment date will be the same as the approval date to begin the training program.

NAME OF SPEECH-LANGUAGE PATHOLOGY AIDE

NAME OF SUPERVISOR

DATE SPEECH-AIDE STARTED THIS EMPLOYMENT:

AFFIDAVIT OF SUPERVISOR

I, the undersigned, verify that the above-named Speech-Language Pathology Aide **completed** the described speech-language pathology training that was submitted with the initial application for aide registration.

Date

Signature of Supervisor



**OFFICE OF SECRETARY OF STATE
PROFESSIONAL LICENSING BOARDS DIVISION
237 Coliseum Drive
Macon, Georgia 31217
(478) 207-2440**

CONSENT FORM

I hereby authorize the Speech Language Pathology and Audiology ("Board") to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Print)

Physical Address (P.O. Boxes NOT Accepted)

Sex

Race

Date of Birth

Social Security Number

One of the following must be checked:

☐ This authorization is valid for 90/180/___ (circle one) days from date of signature.

☐ I, _____ give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

Signature of Applicant

Date

Special licensure provisions (check if applicable):

____ Working with mentally disabled
____ Working with elder care
____ Working with children

**APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS.
RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.**

Name

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

_____ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:

<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm>
[O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]